

**WAIVER OF WORKERS' COMPENSATION BENEFITS FOR
RECREATIONAL ACTIVITIES**



I, _____, hereby acknowledge and agree that if I choose to participate in any recreational or athletic activities with or without students, during or outside my work hours, and whether on or off school premises, it is in no way part of my employment duties, directly or indirectly, is my own voluntary and personal decision, in no way expected, requested or demanded by my employer, Thomaston-Upson Schools. I hereby waive, release and forever discharge Thomaston-Upson Schools, their officers, directors, employees, agents, representatives, and their successors and assigns, from any and all claims of any kind or nature whatsoever resulting from my participation in any such activities, including but not limited to, any claims for bodily injuries I might sustain while participating in any such activities. Further, because I acknowledge that any such decision is not in any way part of my employment duties, I agree that if I were to be injured while participating in any such activities, I would not be eligible for workers' compensation benefits, and agree not to request, apply for or seek any such benefits.

Description of Activity: Thomaston-Upson Health and Wellness Initiative for Faculty and Staff

Employee Signature

Date

Witness

Date